



State of Rhode Island
Division of Taxation
 One Capitol Hill STE 36
 Providence, RI 02908-5829
 WWW.TAX.STATE.RI.US

FOR OFFICE USE ONLY

PERMIT # _____

BUSINESS APPLICATION and REGISTRATION

Fees and Instructions

Sales permit is renewable yearly

	Yes	No		if YES	AND	
	<input type="checkbox"/>	<input type="checkbox"/>	None	Include	Complete	Additional
Do you have employees working in RI?	<input type="checkbox"/>	<input type="checkbox"/>	None		Sections:	Information
Do you have RI Withholding?	<input type="checkbox"/>	<input type="checkbox"/>	None		A B C D E	
Do you lease employees in RI?	<input type="checkbox"/>	<input type="checkbox"/>	None		A B C E	
Do you make sales at retail?	<input type="checkbox"/>	<input type="checkbox"/>	\$10.00		A B C D E	
(A separate permit & fee is required for each location.)						
Sales Tax liability greater than \$200 per mo.?	<input type="checkbox"/>	<input type="checkbox"/>	None		A B E	
Will you be selling:						
Gasoline-	<input type="checkbox"/>	<input type="checkbox"/>	\$5.00			Fee is for filling station license.
Beverages or food-	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00			Fee is for litter permit.
Liquor-	<input type="checkbox"/>	<input type="checkbox"/>	None			License from city or town is required.
Cigarettes-	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00			Each cigarette vending machine requires a separate license and fee.
Motor Vehicles-	<input type="checkbox"/>	<input type="checkbox"/>	None			If yes, MV Dealer license # _____ (required).
Motor Vehicles leasing-	<input type="checkbox"/>	<input type="checkbox"/>	None			If yes, MV Lease license # _____ (required).
Rental of rooms-	<input type="checkbox"/>	<input type="checkbox"/>	None			# of rooms _____ (3 or more rooms requires the filing of a monthly hotel tax return).
Other-	<input type="checkbox"/>	<input type="checkbox"/>				Product? _____
Total Fees enclosed			_____			

Date business will commence in this state? _____ **Seasonal operation?** _____ **Is application for a temporary event?** _____
 (months opened) **Date(s) of event?** _____

The following codes can be found on INSTRUCTION SHEET 1.

Location Code # _____ **Business Code #** _____

Section A: Type or Print Name, Mailing Address and Tax Identification Number

TYPE OF ENTITY: SOLE OWNER PARTNERSHIP CORPORATION LLC **TYPE** _____ **OTHER Please specify:** _____

Name (Employer, Business, Corporation or Owner)		RI Employment Registration #(if assigned)		Business Phone #
Business name (if different from above)		Federal Employer Ident. #(if assigned)		Sales Tax Permit #(if assigned)
Mailing Address No and Street or P.O BOX (include apt. office or unit#, if any)	City or Town	State	Zip-Code	State and Date of Incorporation
Actual Rhode Island Location No. and Street (include apt. office or unit #, if any) CANNOT ACCEPT PO BOX #	City or Town	State	Zip Code	Is any other license or permit required?
IF MORE THAN (1) LOCATION, PLEASE COMPLETE PART D-2 ON THE BACK OF THIS FORM		Name & Sales Permit # of former owner (if not applicable write N/A)		

Provide a name, address and telephone number of person(s) in charge of Sales and Payroll Records.

Name	Street	City	State	Zip Code	Telephone number
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Section B: Type or Print Name, Social Security Number, Home Address, Title of Owner, each Partner, or each Corporate Officer

Name	Social Security #	Title	Telephone Number
Street Address	City or Town	State	Zip Code
Name	Social Security #	Title	Telephone Number
Street Address	City or Town	State	Zip Code
Name	Social Security #	Title	Telephone Number
Street Address	City or Town	State	Zip Code

Section C: Payroll Information

Amount of RI withholding **taxes** you expect to withhold from employees each month.

\$24,000 or more	<input type="checkbox"/>	Filing Status will be	Number of employees	_____
\$600 or more but less than \$24,000	<input type="checkbox"/>	Daily	First date wages paid in RI	_____
\$50 or more but less than \$600	<input type="checkbox"/>	Quarter-Monthly		
Less than \$50.00	<input type="checkbox"/>	Monthly	Are you -	Non-Profit _____ Religious _____ IRS Code 501-C-3 _____
		Quarterly		

If any part of the business or its assets were acquired, please enter the date of acquisition, name, address and, if known, RI Employment Registration number of the former owner.

Date of Acquisition _____ **RI Employment Registration #** _____

month day year

Name of former owner		Trade Name		
Street Address		City	State	Zip Code

If any employees were acquired from that business, please enter the number of employees acquired.

If you are a sole owner or partnership that is incorporating, state the name and address of the former business.

Name	Address
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Section D Industry Description

D-1: Detailed information about your business is required in order to assign the correct industrial classification. In the space below describe your most important business activities, goods, products or services in Rhode Island as though you were telling a prospective employee what you do. Please provide the approximate percentage of sales or revenues resulting from each product or service. The total of percentages should equal 100%. If you have any questions regarding this section, please refer to Instruction Sheet 2 or call the Rhode Island Department of Labor & Training's Labor Market Information unit at (401) 462-8760 for assistance.

	%
	%
	%
	%
	%
	%
	%

D-2 Establishment Locations: If you operate your business at more than one location in Rhode Island, please list the street address, city and zip code for each RI location and the approximate employment for each location. If the business activities of any establishment differ from the above, please tell us the products or services of differing location.

Street	Town	Zip Code	Employees	Activity

Section E: Certification and Signature (Must be signed)

The undersigned certifies that the information given on this form is true and correct to the best of his or her knowledge and belief.

Date	Signature(s) of Applicant(s)	Print Name and Title
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